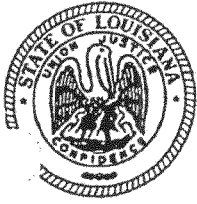


# MANUAL UPDATES

It is very important to read all the following documentation, as it contains information in addition to that found in the Louisiana KIDMED Manual issued April 1, 1994.

Please note that the following pages were issued after the printing of the manual.

The information in the 1998 KIDMED Provider Training packet, Medicaid Issues for 1998, was published in September, 1998.



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



Department of  
HEALTH and  
HOSPITALS

David W. Hood  
SECRETARY

June 30, 1998

To: KIDMED Providers

From: Thomas D. Collins  
Director

Re: Updated Reimbursement Listing for KIDMED Manual

Enclosed is a listing of current reimbursement amounts for KIDMED services. Please make this a part of your KIDMED Manual.

We appreciate your efforts as a KIDMED provider with the Louisiana Medicaid program and look forward to your continued participation.

## Louisiana KIDMED Manual—Current Reimbursement Amounts

The following list has been compiled to update the payable amount for procedure codes which have an incorrect reimbursement amount in the KIDMED manual. For more complete information, including description of each code and any billing restrictions, see the KIDMED manual.

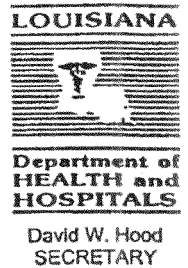
Manual Section	Procedure Codes	Current Reimbursement
<b>SCREENING CODES</b>		
V	Initial Medical Screening by a Physician—X9000 <sup>1</sup>	\$51.00
V	Periodic Medical Screening by a Physician—X9001 <sup>1</sup>	\$51.00
V	Initial Medical Screening by a Nurse—X9002 <sup>1</sup>	\$51.00
VI	Periodic Screening by a Nurse—X9003 <sup>1</sup>	\$51.00
VI	Vision Screening—X9007 <sup>1</sup>	\$4.00
VII	Hearing Screening—X92551 <sup>1</sup>	\$3.60
<sup>1</sup> Screenings are billed on the KM-3 claim form without designating procedure codes. However, these are the codes that are generated when the KM-3 forms are processed.		
<b>IMMUNIZATION CODES<sup>2</sup></b>		
V	90700—DTAP	\$9.45
V	90702—DT	\$9.45
V	90707—MMR	\$9.45
V	90712—Oral Polio	\$9.45
V	90713—Polio Injection	\$9.45
V	90716—Varicella (only ages 12-24 months and 11-12 years)	\$9.45
V	90718—TD, absorbed	\$9.45
V	90721—DTAP/HIB	\$9.45
V	90724—Influenza	\$9.45
V	90737—Hemophilus/Influenza B	\$9.45
V	90744 <sup>3</sup> —Hepatitis B (only ages 0-10 years)	\$9.45
V	90745 <sup>3</sup> —Hepatitis B (ages 11-19 years)	\$9.45
V	90746 <sup>3</sup> —Hepatitis B (ages 20-21 years)	\$9.45
V	90748 <sup>3</sup> —Hepatitis B/HIB	\$9.45
<sup>2</sup> Vaccines should be obtained through the Vaccines for Children Program. Immunizations are reimbursable by Medicaid for administration fees only.		
<sup>3</sup> Prior code 90731 has been replaced with these age-related codes.		
Note: Codes 90701(DTP), 90703(Tetanus), 90720(DTP/HIB) are not available through VFC.		

Manual Section	Procedure Codes	Current Reimbursement
<b>LABORATORY CODES</b>		
V	83020—Hemoglobin, electrophoresis	\$14.28
V	84030—PKU	\$6.47
V	84436—Thyroxine, Total	\$5.37
V	84437—Thyroxine, Neonatal	\$7.61
V	84439—Thyroid Panel	\$10.59
V	84443—TSH	\$19.74
V	85660—RBC Sickle Cell Test	\$6.50
<b>INTERPERIODIC SCREENING CODES</b>		
V	99391—Interperiodic Medical Screening by a Physician (under age 1 year)	\$28.80
V	99392—Interperiodic Medical Screening by a Physician (ages 1 – 4 years)	\$28.80
V	99393—Interperiodic Medical Screening by a Physician (ages 5 – 11 years)	\$28.80
V	99394—Interperiodic Medical Screening by a Physician (ages 12 – 17 years)	\$40.50
V	99395—Interperiodic Medical Screening by a Physician (ages 18 – 21 years)	\$40.50
V	X9004—Interperiodic Medical Screening by a Nurse (ages 0 – 12 years)	\$32.00
V	X9005—Interperiodic Medical Screening by a Nurse (ages 13 – 21 years)	\$45.00
<b>EPSDT COUNSELING/CONSULT CODES</b>		
VIII	X0180—Consultation by Nurse for new diagnosis not previously identified at screening procedure	\$13.71
VIII	X0181—Consultation by Registered Dietitian or Nutritionist for new diagnosis not previously identified at screening procedure	\$13.71
VIII	X0182—Consultation by Social Worker for diagnosis not previously identified at screening procedure	\$13.71
VIII	X0187—Consultation by Nurse for diagnosis previously identified at screening	\$13.71
VIII	X0188—Consultation by Registered Dietitian or Nutritionist for diagnosis previously identified at screening procedure	\$13.71
VIII	X0189—Consultation by Social Worker for diagnosis previously identified at screening procedure	\$13.71



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



May 20, 1998

To: All Medicaid Enrolled Providers

From: Thomas D. Collins

Re: Statutorily Mandated Revisions to all Provider Agreements

The 1997 Regular Session of the Legislature passed and the Governor signed into law the Medical Assistance Program Integrity Law (MAPIL) cited as LSA-RS 46:437.1-46:440.3. This legislation has a significant impact on all Medicaid providers. All providers should take the time to become familiar with the provisions of this law.

MAPIL contains a number of provisions related to provider agreements. Those provisions which deal specifically with provider agreements and the enrollment process are contained in LSA-RS 46:437.11-46:437.14. The provider agreement provisions of MAPIL statutorily establishes that the provider agreement is a contract between the Department and the provider and that the provider voluntarily entered into that contract. Among the terms and conditions imposed on the provider by this law are the following:

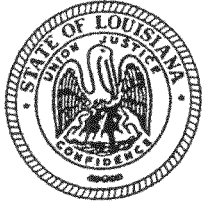
- (1) comply with all federal and state laws and regulations;
- (2) provide goods, services and supplies which are medically necessary in the scope and quality fitting the appropriate standard of care;
- (3) have all necessary and required licenses or certificates;
- (4) maintain and retain all records;
- (5) allow for inspection of all records by governmental authorities;
- (6) safeguard against disclosure of information in patient medical records;
- (7) bill other insurers and third parties prior to billing Medicaid;
- (8) report and refund any and all overpayments;
- (9) accept payment in full for Medicaid recipients providing allowances for copay authorized by Medicaid;
- (10) agree to be subject to claims review;
- (11) the buyer and seller of a provider are liable for any administrative sanctions or civil judgements;
- (12) notification prior to any change in ownership;
- (13) inspection of facilities; and,
- (14) posting of bond or letter of credit when required.

MAPIL's provider agreement provisions contain additional terms and conditions. The above is merely a brief outline of some of the terms and conditions and is not all inclusive.

The provider agreement provisions of MAPIL also provide the Secretary with the authority to deny enrollment or revoke enrollment under specific conditions.

The effective date of these provisions was August 15, 1997. All providers who were enrolled at that time or who enroll on or after that date are subject to these provisions. All provider agreements which were in effect before August 15, 1997 or became effective on or after August 15, 1997 are subject to the provisions of MAPIL and all provider agreements are deemed to be amended effective August 15, 1997 to contain the terms and conditions established in MAPIL.

Any provider who does not wish to be subjected to the terms, conditions and requirements of MAPIL must notify provider enrollment in writing within ten (10) working days of the date of this letter that the provider is withdrawing from the Medicaid program. If no such written notice is received, the provider may continue as an enrolled provider subject to the provisions of MAPIL.



M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS




Department of  
HEALTH and  
HOSPITALS

David W. Hood  
SECRETARY

August 18, 1998

MEMORANDUM

TO: All Enrolled Medicaid Providers

FROM: Thomas D. Collins, Director of Bureau of Health Services Financing 

RE: Office for Civil Rights Policy Memorandum

The Department of Health and Human Services, Office for Civil Rights, recently issued a policy memorandum regarding nondiscrimination based on national origin as it relates to individuals who are limited-English proficient. Enclosed is the Health Care Financing Administration (HCFA) Civil Rights Compliance Statement which expresses our Agency's commitment to ensuring that there is no discrimination in the delivery of health care services through HCFA programs.

We have committed ourselves to full compliance with the requirements contained in this policy statement. As our partner with the administration of the Medicaid program you likewise are obligated to comply with those statutory civil rights laws. As stipulated in the policy statement, these laws include: Act of 1990 as amended and Title IX of the Education Amendments of 1972. The Office of Civil Rights of the Department of Health and Human Services has previously advised HCFA that detailed implementation regulations for the Rehabilitation Act of 1973, as amended, are located at 45 Code of Federal Regulations, Part 85.

It has been asked that we share this policy statement with you and that you do likewise with health care providers and all others involved in the administration of HCFA programs.

Questions regarding this memorandum should be directed to Don Fontenot at 342-1316.

## **HEALTH CARE FINANCING ADMINISTRATION (HCFA) CIVIL RIGHTS COMPLIANCE POLICY STATEMENT**

The Health Care Financing Administration's vision in the current Strategic Plan guarantees that all our beneficiaries have equal access to the best health care. Pivotal to guaranteeing equal access is the integration of compliance with civil rights laws into the fabric of all HCFA program operations and activities. I want to emphasize my personal commitment to and responsibility for ensuring compliance with civil rights laws by recipients of HCFA funds. These laws include: Title VI of the Civil Rights Act, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act of 1975, as amended; the Americans with Disabilities Act of 1990, as amended; and Title IX of the Education Amendments of 1972, as well as other related laws. The responsibility for ensuring compliance with these laws is shared by all HCFA operating components. Promoting attention to and ensuring HCFA program compliance with civil rights laws are among my highest priorities for HCFA, its employees, contractors, State agencies, health care providers, and all other partners directly involved in the administration of HCFA programs.

HCFA, as the agency legislatively charged with administering the Medicare, Medicaid and Children's Health Insurance Programs, is thereby charged with ensuring these programs do not engage in discriminatory actions on the basis of race, color, national origin, age, sex or disability. HCFA will, with your help continue to ensure that persons are not excluded from participation in or denied the benefits of its programs because of prohibited discrimination.

To achieve its civil rights goals, HCFA will continue to incorporate civil rights concerns into the culture of our agency and its programs, and we ask that all our partners do the same. We will include civil rights concerns in the regular program review and audit activities including: collecting data on access to, and the participation of, minority and disabled persons in our programs; furnishing information to recipients and contractors about civil rights compliance; reviewing HCFA publications, program regulations, and instructions to assure support for civil rights; and working closely with the Department of Health and Human Services (DHHS), Office of Civil Rights, to initiate orientation and training programs on civil rights. HCFA will also allocate financial resources to the extent feasible to: ensure equal access; prevent discrimination; and assist in the remedy of past acts adversely affecting persons on the basis of race, color, national origin, age, sex, or disability.

DHHS will seek voluntary compliance to resolve issues of discrimination whenever possible. If necessary, HCFA will refer matters to the Office for Civil Rights for appropriate handling. In order to enforce civil rights laws, the Office for Civil Rights may: 1) refer matters for an administrative hearing which could lead to suspending, terminating, or refusing to grant or continue Federal financial assistance; or 2) refer the matter to the Department of Justice for legal action.

HCFA's mission is to assure health care security for the diverse population that constitutes our nation's Medicare and Medicaid beneficiaries; i.e., our customers. We will enhance our communication with constituents, partners, and stakeholders. We will seek input from health care providers, states, contractors, and DHHS Office for Civil Rights, professional organizations, community advocates, and program beneficiaries. We will continue to vigorously assure that all Medicare and Medicaid beneficiaries have equal access to and receive the best health care possible regardless of race, color, national origin, age, sex, or disability.

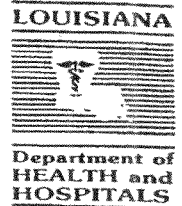
Nancy-Ann Min DeParle





M. J. "Mike" Foster, Jr.  
GOVERNOR

STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



David W. Hood  
SECRETARY

July 3, 2002

MEMORANDUM

TO: All Providers of Medicaid Screening Services for Children

FROM: David W. Hood  
Secretary *DWH*

RE: Options for the Medical Screening Program for Children (KIDMED)

A task force comprised of pediatricians, nurse practitioners, KIDMED nurse monitors, and DHH staff were convened with the goal of streamlining the Medicaid screening program for children. This was initiated due to the expansion of the CommunityCARE program in which the primary care provider has responsibility for preventive screenings for the linked Medicaid children. The task force was successful in making recommendations to DHH that would ensure the children's screening program becomes more effective and efficient.

I am pleased to announce two committee recommendations that have been approved by DHH and are effective immediately.

- A **universal screening documentation tool** that can be used at the screening provider's option: The tool is attached for those who would like to copy it. This tool should be completed thoroughly and accurately to ensure all components of a screening are documented. Providers should be familiar with the program requirements of a screening as explained in the KIDMED provider manual. Any additional information necessary to support the screening should also be found in the patient's chart. This tool was designed to incorporate necessary items for a screening in a clear, concise manner. We are not requiring this tool be used; it is for your convenience if you wish to use it. Furthermore, be aware that the same documentation applies to a "well-child" visit which must also conform to the requirements mandatory for a KIDMED screening. If you do not wish to use this documentation tool, you may develop your own. However, any tool used must document that all five components of a medical screening as stated in the KIDMED manual, were completed. Program compliance reviews will look for such documentation.
- Choices of **developmental screening instruments**: Prior to approval of this recommendation, only the Denver II Developmental Test was accepted. There is now a choice of six instruments that may be used to meet Medicaid screening

requirements. The instruments are: Ages and Stages Questionnaire (ASQ), Brigance Screens, Child Development Chart (CDC), Parents' Evaluation of Developmental Status (PEDS), Prescreening Developmental Questionnaire (PDQ II), and the Denver II Developmental Test. Attached is a description of the five new instruments along with information on how to obtain needed supplies. Again, this applies to "well-child" visits and to KIDMED screenings.

Another change that DHH is working on is **streamlining the monitoring process** for screenings done by the regional KIDMED nurse monitors. Our goal is to make the monitoring more time efficient by eliminating certain duplicative items and monitoring providers with few or no deficiencies every two years instead of every year which is the policy now.

We have recently announced through Remittance Advice messages and Provider Updates the change in requirements for staff performing the **Vision and Hearing Screenings**. No longer does the physician, R.N. or P.A. have to perform the technical portion of these two screenings. While trained office staff may perform the screening, the interpretive conference of the results with the family or recipient still must be done by the R.N., P.A., or physician. For a complete explanation of this change, see the April/May Provider Update or your R.A. message on March 11, 19, or 26, 2002.

**Rates for well-child visits** (screenings) have been raised to the rates for KIDMED medical screenings (\$51.00) for CommunityCARE PCPs performing these screenings on CommunityCARE recipients. The PCP must ensure that the same requirements for a KIDMED screening are met for a well-child visit in order to receive the increased reimbursement. The well-child visit increase is effective with dates of payment beginning April 1, 2002.

Preventive care for children is an important component of the comprehensive care promoted by the CommunityCARE program. We believe that the changes outlined above allow for a quality screening program while streamlining the procedures. Thank you for your participation in Medicaid and your efforts in improving the health of the Medicaid children in Louisiana.

Should you have questions regarding the documentation tool, the developmental screening instruments, or the vision and hearing screenings, please contact the KIDMED office at 1-800-259-8000. For questions regarding reimbursement rates, contact Janis Souvestre at 225-342-9496.

## Developmental Assessment Tools

### Ages & Stages Questionnaires (ASQ)

**What:** The ASQ screening system is composed of 19 questionnaires to be completed by the primary caregivers of the child. Each 30- item questionnaire covers gross motor, communication, problem solving and personal-social developmental areas for ages 4 months to 60 months. There is also an overall section that addresses general parental concerns. The reading level of the questionnaires ranges from the 4<sup>th</sup> to 6<sup>th</sup> grade and, according to the designers, can be completed in 10-15 minutes. The choices of responses are "yes", "sometimes" or "not yet". Program staff convert the responses to a point value, total the values and compare total scores to established screening cutoff points.

**Supplies:** The ASQ User's Guide which help the professional accurately administer the questionnaires and interpret their results. 19 color-coded photocopiable questionnaires for use at 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54 & 60 months of age. Nineteen photocopiable, age-appropriate scoring sheets, one for each questionnaire. The current available languages are: English, French, Spanish and Korean. The company is currently working on translations in Mandarin, Russian and Arabic. Another specific language request can be discussed with the company.

**Who:** No specific certification is required.

**Source:** Paul H. Brookes Publishing Co.  
P.O. Box 10624  
Baltimore, MD 21285-0624  
(800)638-3775 or (410)337-9580  
Fax: (410) 337-9580 Web: [www.brookespublishing.com/store/](http://www.brookespublishing.com/store/)

### Brigance Screens

**What:** The Brigance screens are age-specific assessment tools. The manuals address: fine and gross motor, language, self-help and social-emotional skills with more specific pre-academic and graphomotor skills as the child matures. The designer states the infant/toddler screen takes 10-12 minutes. No time is noted with the other age groups. These are considered "open and use" assessments with step-by-step directions. Caregivers are quizzed on report items and the child participates with some tasks. Each task is assigned points and the total score is compared to standardized statistics. The forms for 3 and 4 year olds show 11 questions and 5 observations each.

**Supplies:** Four different age-specific manuals would cover the 0-6 age group. All are available in English and Spanish. The manual includes instructions for administration, assessments and reproducible parent rating forms. The data sheets are to record personal information, assessment, scoring and observations. There is an optional box of materials used during the

screen which, among other items, include a cup, squeaking toy, and blocks. They look like Denver blocks.

Who: No specific certification is required to administer this assessment.

Source: Curriculum Associates  
P.O. Box 2002 North Billerica, MA 01862-0901  
(800)225-0246 Fax: (800)366-1158  
Web: [www.curricassoc.com](http://www.curricassoc.com)

### **Child Development Chart (CDC)**

What: The Child Development Chart Screen is one chart that screens social, self-help, gross motor, fine motor and language development. The staff member observes the child and asks questions of the care-giver. Behaviors are marked on the chart. Guidelines determine the development as typical, borderline or delayed. The ages are listed vertically; therefore, the results show horizontally across the page making the interpretation obvious as the results resemble a dot graph.

Supplies: Forms come in packs of 25. One chart covers ages 0-5 years. Available in Spanish.

Who: No specific certification is required.

Source: Behavior Science Systems, Inc  
Box 580274, Minneapolis, MN 55458  
(612) 929-6220 Fax: (612) 9204925

### **Denver Developmental Screening Test II (Denver II)**

What: The original Denver developmental screening test, which many physicians were exposed to in medical school, was revised in 1989. The newer version consists of a single page of 125 items divided into personal-social, fine motor, language and gross motor categories. This form is used to test children between the ages of 2 months and 6 years. The items are graded secondary to care-giver response or specific action performed by the child. It then shows how the child compared to a standardized group of children the same age. Those children identified as "suspect" are to be further examined to determine whether the problem is physical or developmental, or just circumstantial (e.g: tired, hungry, etc.). According to the designers, the test only takes 10 - 20 minutes.

Supplies: Forms come in pads of 100 in English or Spanish. The manual includes instructions for administration. The test kit contains the materials required for the screening. The items in the kit cannot be substituted with the exception of the tennis ball. Though not something you have to buy from Denver, you must have a table of appropriate height for the child to use during the screen.

Who: The screeners should be carefully trained and must pass a proficiency test before using the screen for clinical purposes. The class must be conducted by a certified master trainer. The student is expected to review the DDII videotapes and manual in class. After a written test is passed, the student will then have to perform a screen to show proficiency before acquiring a certificate.

Source: Denver Developmental Materials, Inc.  
P.O. Box 371075  
Denver CO 80237-5075  
(800)419-4729 Fax: 355-5622

### **Parents' Evaluation of Developmental Status (PEDS)**

What: The PEDS is a 10-question developmental screening tool. Each question is designed to correspond to a different developmental domain. Parents' concerns are marked on the PEDS score form in the age appropriate column. On the back of the form is an interpretation form with an algorithm for deciding whether to screen further, counsel parents, or reassure them. The form is designed to be used from birth through 8 years of age. According to the designers, the screen identifies 74% to 80% of children with developmental disabilities and it takes about 2 minutes to administer and score if conducted as an interview. Less time is required for those parents who can answer the questions unassisted. It is written at the fifth-grade reading level, which should ensure that almost all parents can read and respond independently to the items.

Supplies: The Response Forms and Score/Interpretation Forms come in pads of 50, which are available in English and Spanish. There is also a manual which describes the technique, the rationale for its development along with costs, accuracy, contribution to program management and long-term follow up.

Who: Any trained office staff may administer the PEDS. Users only need to read the brief scoring and administration guides.

Source: 2001 Ellsworth & Vandermeer Press, LLC  
P.O. Box 68164, Nashville, TN 37206  
(888) 729-1697 or (615) 226-4460  
Fax: (615) 227-0411 Web: [www.pedstest.com](http://www.pedstest.com)

### **Prescreening Developmental Questionnaire (PDQ II)**

What: The PDQ is a brief developmental test that is based on the Denver II 1989 standardization. It consists of 91 parent-answered questions. For each question the ages are indicated at which 75% and 90% of the children in the Denver II standardization passed that item. Though some parents may require assistance, the general idea is that the PDQ saves the

professional time because it is parent-answered. According to the designers, it requires office personnel only 1-2 minutes to instruct the parent.

Supplies: The forms come in pads of 100, available in English and Spanish (French upon request). There are four sets of questionnaires based on the ages of 0-9 months, 9-24 months, 2-4 years and 4-6 years.

Who: Any trained office staff may administer the PDQ. There is no special certification required.

Source: Denver Developmental Materials, Inc.  
P.O. Box 371075, Denver CO 80237-5075  
(800) 419-4729 or (303) 355-4729  
Fax: (303) 355-5622

# INITIAL SCREENING BIRTH THROUGH 5 YEARS

DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

<b>Family History</b> <input type="checkbox"/> Allergy or Asthma _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Heart Disease _____ <input type="checkbox"/> Sickle Cell _____ <input type="checkbox"/> T.B. _____ <input type="checkbox"/> Other: _____  <i>(Please note family member's relation to patient)</i>			<b>Birth History</b> <input type="checkbox"/> Term <input type="checkbox"/> Premature <input type="checkbox"/> Post-mature <input type="checkbox"/> Prenatal care <input type="checkbox"/> Complications  <input type="checkbox"/> NVD <input type="checkbox"/> C-Section  <input type="checkbox"/> Neonatal Complications _____  Neonatal Screen: WNL   Repeated Results requested:   Yes   No  Comments: _____			<b>Past Medical History</b> Illness _____  Hospitalization _____   Allergies _____   		
HT.   WT.   T   P   R   Head Circ. (0-2yrs):   Blood Pressure (3yrs and up):  Hct or Hgb: WNL   UTD   UTO   Urine Dipstick: WNL   UTD   UTO   Lead: Drawn   UTD   UTO Value:   Comments: <input type="checkbox"/> Not required at this time			<b>Lead Poisoning Risk Assessment</b> Peeling paint in house, daycare etc.   Yes   No Relative with lead poison   Yes   No House built before 19   Yes   No Renovation   Yes   No Adult work in pottery or ceramics   Yes   No Live near battery recycling plant or lead release industry   Yes   No Live near highway or heavy traffic   Yes   No					
<b>Vision Screening</b> Subjective: any eye disorder   Yes   No F.H.O. eye disorder   Yes   No Wear glasses   Yes   No  Objective: Visual acuity   R20/   L20/ Muscle Balance   pass   fail <i>(Objective screening begins at age 4.)</i>			<b>Hearing Screen</b> Subjective: response to voices   Yes   No Delayed speech development   Yes   No Recurrent O.M   Yes   No Hearing 20 db HL 1000Hz   2000 Hz   4000Hz Right Ear   _____ Left Ear   _____					
<b>Physical Exam</b> Normal ( <input checked="" type="checkbox"/> )   Abnormal (Describe)  1. Cranium /Face _____ 2. Hair / Scalp _____ 3. EENT _____ 4. Mouth / Teeth _____ 5. Skin / Lymph Nodes _____ 6. Heart _____ 7. Lungs _____ 8. Abdomen _____ 9. Genitalia _____ 10. Musculoskeletal System _____ 11. Extremities _____ 12. Nervous System _____			<b>Nutritional Assessment</b> <input type="checkbox"/> Breast fed <input type="checkbox"/> Formula  Eating Problems _____ Vitamins Supplements   Yes   No Growth Grid Normal   Yes   No <i>(Growth Grid must be in chart..)</i>					
<b>Environmental Assessment</b> Water supply:   City   Well   None Sewer system:   City   Septic   None <input type="checkbox"/> Smokers in the home: _____ <input type="checkbox"/> Pets in home: _____  Comments: _____			<b>Immunization Status</b> <input type="checkbox"/> Immunizations current <input type="checkbox"/> Off Schedule* <input type="checkbox"/> Parental Refusal* <input type="checkbox"/> Medically Contraindicated*  Explain * _____ <i>(Vaccine record must be in chart.)</i>					
<b>Dental Assessment</b> Any Dental Disease   Yes   No Dental Caries   Yes   No Brush Teeth Regularly   Yes   No Do You Have a Dentist?   Yes   No Name of Dentist _____			<b>Anticipatory Guidance</b> <i>(mark those discussed)</i> Nutrition/Diet _____ Skin Care/Hygiene _____ Oral/Dental _____ Behavioral/Developmental _____ Safety _____ Parenting/Discipline _____ Immunization Management _____ School Status _____ Toilet Training _____					
Impressions: _____   Plan or Referral: <input type="checkbox"/> Interpretive Conference Conducted								

Key: UTD-Up To Date; UTO-Unable to Obtain; WNL-Within Normal Limits

Signature: \_\_\_\_\_

DATE:

Age:

Signature: \_\_\_\_\_



**PERIODIC SCREENING  
BIRTH THROUGH 5 YEARS**

DATE:

Patient Name:

Age:

<p align="center"><b>Family History</b></p> <p><input type="checkbox"/> No changes since last screen</p> <p><input type="checkbox"/> Allergy or Asthma _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Cancer _____</p> <p><input type="checkbox"/> Heart Disease _____</p> <p><input type="checkbox"/> Sickle Cell _____</p> <p><input type="checkbox"/> T.B. _____</p> <p><input type="checkbox"/> Other: _____</p> <p align="center"><i>(Please note family member's relation to patient)</i></p>	<p align="center"><b>Recent Medical History</b></p> <p><input type="checkbox"/> No changes since last screen</p> <p><input type="checkbox"/> Major Illness _____</p> <p><input type="checkbox"/> Hospitalizations _____</p> <p><input type="checkbox"/> Allergies _____</p> <p><input type="checkbox"/> Current Medications _____</p> <p align="center">Neonatal Screen:    WNL    Repeated Results requested:    Yes    No</p> <p>Comments: _____</p>	<p align="center"><b>Environmental Assessment</b></p> <p><input type="checkbox"/> No changes since last screen</p> <p>Water supply:            City    Well    None Sewer:                    City    Septic    None</p> <p>Smokers in home: _____</p> <p>Pets in home: _____</p>																								
<p>HT.                    WT.                    T                    P                    R</p> <p>Head Circ. (0-2yrs):                    Blood Pressure (3yrs and up):</p>		<p align="center"><b>Developmental Assessment</b></p> <p>Subjective Assessment    WNL    Suspect</p> <p>Objective Assessment    WNL    Delayed</p> <p align="center"><i>(Objective Assessment Must Be In Chart)</i></p>																								
<p>Hct or Hgb: WNL    UTD    UTO    Urine Dipstick: WNL    UTD    UTO    Lead: Drawn    UTD    UTO</p> <p>Value:                    Comments:                    <input type="checkbox"/> Not required at this time</p>																										
<p align="center"><b>Vision Screening</b></p> <p>Subjective: any eye disorder            Yes    No F.H.O. eye disorder                    Yes    No Wear glasses                            Yes    No</p> <p>Objective: Visual acuity                    R20/    L20/ Muscle Balance                            pass    fail</p> <p align="center"><i>(Objective screening begins at age 4)</i></p>	<p align="center"><b>Hearing Screen</b></p> <p>Subjective: response to voices            Yes    No Delayed speech development            Yes    No Recurrent O.M.                            Yes    No</p> <p>Hearing 20 db HL</p> <p align="center">1000Hz    2000 Hz    4000Hz</p> <p>Right Ear                    _____ Left Ear                    _____</p>	<p align="center"><b>Lead Poisoning Risk Assessment</b></p> <table style="width:100%;"> <tr><td>Peeling paint in house, daycare etc.</td><td>Yes</td><td>No</td></tr> <tr><td>Relative with lead poison</td><td>Yes</td><td>No</td></tr> <tr><td>House built before 1960</td><td>Yes</td><td>No</td></tr> <tr><td>Renovation</td><td>Yes</td><td>No</td></tr> <tr><td>Adult work in pottery or ceramics</td><td>Yes</td><td>No</td></tr> <tr><td>Live near battery recycling plant or lead</td><td>Yes</td><td>No</td></tr> <tr><td>Release industry</td><td>Yes</td><td>No</td></tr> <tr><td>Live near highway or heavy traffic</td><td>Yes</td><td>No</td></tr> </table>	Peeling paint in house, daycare etc.	Yes	No	Relative with lead poison	Yes	No	House built before 1960	Yes	No	Renovation	Yes	No	Adult work in pottery or ceramics	Yes	No	Live near battery recycling plant or lead	Yes	No	Release industry	Yes	No	Live near highway or heavy traffic	Yes	No
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Live near highway or heavy traffic	Yes	No																								
<p><b>Physical Exam</b>                    Normal ( ✓ )                    Abnormal (Describe)</p> <p>1. Cranium /Face _____</p> <p>2. Hair / Scalp _____</p> <p>3. EENT _____</p> <p>4. Mouth / Teeth _____</p> <p>5. Skin / Lymph Nodes _____</p> <p>6. Heart _____</p> <p>7. Lungs _____</p> <p>8. Abdomen _____</p> <p>9. Genitalia _____</p> <p>10. Musculoskeletal System _____</p> <p>11. Extremities _____</p> <p>12. Nervous System _____</p>		<p align="center"><b>Nutritional Assessment</b></p> <p><input type="checkbox"/> Breast fed                    <input type="checkbox"/> Formula</p> <p>Eating Problems _____</p> <p>Vitamins Supplements                    Yes    No Growth Grid Normal                    Yes    No</p> <p align="center"><i>(Growth Grid must be in chart)</i></p>																								
<p align="center"><b>Immunization Status</b></p> <p><input type="checkbox"/> Immunizations current    <input type="checkbox"/> Off Schedule*    <input type="checkbox"/> Medically Contraindicated*    <input type="checkbox"/> Parental Refusal*</p> <p>Explain * _____</p> <p align="center"><i>(Vaccine record must be in chart.)</i></p>		<p align="center"><b>Dental Assessment</b></p> <p>Any Dental Disease                    Yes    No Oral Care Appropriate                    Yes    No</p> <p>Comments: _____</p> <p>Name of Dentist _____</p> <p align="center"><i>(Dental Visits are recommended by age 3)</i></p>																								
<p>Impressions:</p>  <p>Plan or Referral:</p>		<p align="center"><b>Anticipatory Guidance</b> <i>(mark those discussed)</i></p> <p>Nutrition/Diet _____</p> <p>Skin Care/Hygiene _____</p> <p>Oral/Dental _____</p> <p>Behavioral/Developmental _____</p> <p>Safety _____</p> <p>Parenting/Discipline _____</p> <p>Immunization Management _____</p> <p>School Status _____</p>																								
<p><input type="checkbox"/> Interpretive Conference Conducted</p>																										

Key: UTD-Up To Date; UTO-Unable to Obtain; WNL-Within Normal Limits

Signature: \_\_\_\_\_

## DATE:

6 8 10 12 14 16 18 20

Age:

<b>Family History</b> <input type="checkbox"/> No changes since last screen <input type="checkbox"/> Allergy or Asthma _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Heart Disease _____ <input type="checkbox"/> Stroke _____ <input type="checkbox"/> T.B. _____ <input type="checkbox"/> Other: _____ _____ _____			<b>Recent Medical History</b> <input type="checkbox"/> No changes since last screen <input type="checkbox"/> Major Illness _____ <input type="checkbox"/> Hospitalizations _____ _____ <input type="checkbox"/> Current Medications _____ _____			<b>Environmental Assessment</b> <input type="checkbox"/> No changes since last screen Water supply: City Well None Sewer: City Septic None Smokers in home: _____ Pets in home: _____		
HT. WT. B.P. T. P. R.			<b>Developmental Assessment</b> <input type="checkbox"/> No changes since last screen Verbal communication: WNL poor Relationships: WNL poor School/Job Performance: WNL poor Hobbies & Sports: WNL No					
<b>Labs</b> Hct or Hgb: WNL UTD UTO Value: _____			Urine Dipstick: WNL UTD UTO Comments: _____					
<b>Vision Screen</b> Subjective Assessment WNL: Yes No Wears Glasses: Yes No Objective: <input type="checkbox"/> Unable to Perform Visual acuity R 20/ L20/ Muscle Balance pass fail Color Perception pass fail			<b>Hearing Screen</b> Subjective: <input type="checkbox"/> No change since last screen Note change: _____ Hearing 20 db HL 1000Hz 2000 Hz 4000Hz Right Ear _____ Left Ear _____					
<b>Immunization Status</b> <input type="checkbox"/> Immunizations current <input type="checkbox"/> Off Schedule* <input type="checkbox"/> Medically Contraindicated* <input type="checkbox"/> Parental Refusal* Explain * _____ (Vaccine record must be in chart.)								
<b>Physical Exam</b> Normal ( ✓ ) Abnormal (Describe) 1. Cranium /Face _____ 2. Hair / Scalp _____ 3. EENT _____ 4. Mouth / Teeth _____ 5. Skin / Lymph Nodes _____ 6. Heart _____ 7. Lungs _____ 8. Abdomen _____ 9. Genitalia _____ 10. Musculoskeletal System _____ 11. Extremities _____ 12. Nervous System _____								
<b>Reproductive</b> Sexually active Yes Denies Contraceptive used _____ Menarche age LMP _____ Gravida _____ Para _____								
<b>Nutritional Assessment</b> <input type="checkbox"/> Nutritional Status WNL <input type="checkbox"/> Vitamins/ Supplements _____ <input type="checkbox"/> Growth Chart WNL (Growth Grid Must Be In Chart)								
<b>Dental Assessment</b> <input type="checkbox"/> No changes since last screen <input type="checkbox"/> Appropriate oral hygiene Name of Dentist _____								
<b>Anticipatory Guidance</b> (Mark ones taught) Nutrition/Diet _____ Skin Care/Hygiene _____ Oral/Dental _____ Behavioral/Developmental _____ Safety _____ Parenting/Discipline _____ Immunization Management _____ School Status _____ Health/Reproduction _____ High Risk activities _____								
Impressions: _____ _____ _____ Plan or Referral: _____								
<input type="checkbox"/> Interpretive Conference Conducted								

Signature: \_\_\_\_\_



## MERGE OF KIDMED CLAIMS PROCESSING SUBSYSTEM INTO THE MMIS CLAIMS PROCESSING SYSTEM

**UNISYS**

Effective with date of processing Monday, December 1, 2008, the KIDMED Claims Processing Subsystem will be merged into the MMIS Claims Processing System which processes all other Medicaid claims. This merge will be beneficial for KIDMED providers and should remove many of the current problem areas related to processing KIDMED claims through a separate subsystem prior to allowing the claims data to enter the regular Medicaid Management Information System (MMIS) for processing. Some of the changes/improvements follow:

### Submission of KIDMED Claims by Providers:

Submission of KIDMED claims by providers will not change. Providers will continue to submit EDI (electronic) claims using the 837P transaction with the KID extension and the additional K-3 data segment or by using the paper KM-3 claim form.

### KIDMED Claims EDI Weekly Cut-Off Day/Time:

KIDMED claims will now be treated like all other claims, and the standard weekly cut-off for submitting electronic claims will become Thursday at 10:00 a.m. (Holidays that fall on a Thursday move the cut-off date to the preceding Wednesday.)

### Processing of KIDMED Claim Submissions:

Currently, KIDMED claims must go through a subsystem prior to entering the regular MMIS claims processing system. This KIDMED subsystem is being removed and KIDMED claims submissions will enter the MMIS claims processing system when the electronic file is accepted or the paper claims are keyed. Providers will not receive any rejected claims from the subsystem.

This means KIDMED claims will be processed against all appropriate claims edits during regular processing cycles and be paid or denied through the regular claims processing channels.

### Claims Processing Edits:

The KIDMED claim edits that previously appeared on the Denied Claims List (CP-0-50) have been cross-referenced to appropriate MMIS claims processing edits. The KIDMED edits you are accustomed to seeing will go away. A list of the obsolete KIDMED edits cross-referenced to the MMIS edits that will be in effect beginning December 1<sup>st</sup> accompanies this notice. This list is also posted on the Louisiana Medicaid web site, [www.lamedicaid.com](http://www.lamedicaid.com), link Forms/Files/User Guides.

### Remittance Advice/CP-0-50:

All KIDMED claims will now appear on the standard MMIS remittance advice, even if the claims are denied. Providers will no longer receive a CP-0-50 report. KIDMED claims will be reconciled from the regular remittance advice, just as with all other claims.

Resubmittal Turnaround Documents (RTDs) will be eliminated. Denied Turnaround Documents (DTAs) will be generated where appropriate based on standard MMIS claims edits.

### KIDMED Reports:

The following KIDMED subsystem reports will be discontinued:

- CP-0-50 (Denied Claims Report and Resubmittal Turnaround Documents)
- CP-0-51A (Electronic Media Claim Proof List)

11/14/2008

- CP-0-115 (Recycled Claims Listing)
- CNTL-D012 (Direct Biller Process Summary)

**RS-O-07 Report:**

**The RS-O-07 report will continue to be produced but will be transitioned into six (6) reports.**

**Effective with production of the KIDMED RS-O-07 monthly reports received in late December for January 2009 linkages, a series of RS-O-07 reports will be implemented to replace the current, single RS-O-07 report. This series of reports will allow KIDMED providers to use the data more effectively and efficiently.**

Additionally, these reports may be used by ACS nurses when they visit a particular site for clinical monitoring and claims reviews.

This series will include six (6) reports - a complete roster of the eligible recipients assigned/linked to the provider/site and separate reports to identify recipients according to the due date of their screenings.

A separate notice with detailed data related to the individual reports and a short description of each report is located on our website, [www.lamedicaid.com](http://www.lamedicaid.com), under the CommunityCARE/KIDMED System Transition link on the New Medicaid Information page.

**CP-0-92 Report:**

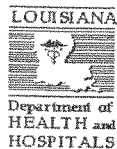
Changes related to this systems merge will not impact the CP-0-92 report in any way.

This elimination of processing KIDMED claims through a front-end subsystem and the transition allowing these claims to process directly through the MMIS Claims Processing System will be much more efficient and effective for KIDMED providers.

**How to Access Information About the CommunityCARE/KIDMED System Changes:**

Providers will find the CommunityCARE/KIDMED notices and instructions from the web site, [www.lamedicaid.com](http://www.lamedicaid.com), on the Home page and on the New Medicaid Information links.

Providers experiencing concerns about this transition may contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Providers with EDI questions may contact Unisys EDI Support at (225) 216-6303. Web technical assistance is provided by the Unisys Technical Support Help Desk at (877) 598-8753.



## New KIDMED RS-O-07 Reports Implemented

**UNISYS**

Effective with production of the KIDMED RS-O-07 monthly reports received in late December for January 2009 linkages, Louisiana Medicaid will implement a series of RS-O-07 reports to replace the current, single RS-O-07 report. This series of reports will allow KIDMED providers to use the data more effectively and efficiently.

Additionally, these reports will be used by ACS nurses when they visit a particular site for clinical monitoring and claims reviews.

This series will include six (6) reports - a complete roster of the eligible recipients assigned/linked to the provider/site and separate reports to identify recipients according to the due by date of their screenings. The individual report titles and a short description of each report follow:

### **RS-O-07- R – KIDMED Roster**

All KIDMED recipients linked to a provider for the month of the report will be listed in alphabetical order on the RS-O-07-R for the provider/site.

Each recipient will also be included in at least one or more of the other RS-O-07 series reports. The Roster (RS-O-07-R) includes a column that identifies for the provider which other report(s) will include that recipient.

### **RS-O-07-1 – Initial Screen Due Now**

Includes Recipients from the Roster who:

- Have a 'Last Screened Date' for the Medical screening = 00/00/0000, and the Recipient is younger than 4 years of age;

OR

- Have a 'Last Screened Date' for the Medical, Hearing, or Vision screenings = 00/00/0000, and the Recipient is 4 years of age or older;

OR

- Have a 'Begin Date' in the report month which is the first month of the linkage of that recipient to the provider **and** a screening is due in the current month.

NOTE: 'Screening Due By' Dates are calculated based on the periodicity schedule.

### **RS-O-07-2 – Screen Overdue**

Includes Recipients from the Roster who:

- Have a 'Screening Due By' Date that is a past date.

NOTE: 'Screening Due By' Dates are calculated based on the periodicity schedule.

**RS-O-07-3 – Screen Due in 3 Months**

Includes Recipients from the Roster who:

- Have a 'Screening Due By' Date that is a date within the three month period which starts with the report month.

**RS-O-07-4 - Screen Up to Date**

Includes Recipients from the Roster who:

- Have a 'Screening Due By' Date that is a future date which is more than 3 months in the future.

**RS-O-07-5 – Last Month on Report**

Includes Recipients from the Roster who:

- Will reach the age of 21 during the report month;  
OR
- Will lose Medicaid eligibility for any reason, and the eligibility segment will be closed at the end of the report month;  
OR
- Will be linked to a different provider beginning the next month;  
OR
- Have linkages that will be closed during the report month.

## MMIS (new) to CC/KM (old) Edit Cross-Walk

11/17/2008

New Edit #	Old (CC/KM) Edit #	New Edit # Description
001	073	Invalid Claim Type Modifier
003	013	Recipient Number Invalid
005	023	Service From Date Missing/Invalid
008	085	Service From Date Later Than Date Processed
012	002	Original Claim with Adjustment/Void Reason
013	004	Original Claim with Adjustment/Void ICN
014	026	Immunizations Complete and Current for This Age Patient Missing
021	003	Invalid Former Reference Number
022	024	Billed Charges Missing or Not Numeric
023	016	Invalid Partial Recipient Name
023	018	Invalid Partial Recipient Name
024	005	Invalid Billing Provider Number
025	027	Immunizations not Complete and Current Reason Code Missing
057	028	Were There Suspected Conditions Missing
058	029	Were There Suspected Conditions is no but Suspected Conditions Exist
059	030	Suspected Conditions are Missing and Required
136	517	No Eligible Service Paid - Encounter Denied
154	009	Site Number Invalid
155	031	Referral Missing and Required for Medical
156	032	Referral Missing and Required for Vision
158	033	Referral Missing and Required for Hearing
179	034	Referral Missing and Required for Dental
184	035	Referral Missing and Required for Nutritional
200	006	Provider//Attending Provider Not on File
200	011	Provider//Attending Provider Not on File
201	007	Provider Not Eligible on Date of Service

## MMIS (new) to CC/KM (old) Edit Cross-Walk

11/17/2008

New Edit #	Old (CC/KM) Edit #	New Edit # Description
202	070	Provider Claim Type Conflict
211	083	Date of Service Less Than Date of Birth
215 223 294	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
216 293 295	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
217	017	Name and/or Number on Claims does not Match File Record
217	019	Name and/or Number on Claims does not Match File Record
222 293	091	Recipient Ineligible on One or More Service Dates, Recycled Recipient Ineligible on Date of Service NOTE: Denies after 21 days
223 294 215	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
223 294	090	Recycled Recipient Not on File, Recycled Recipient Not on File Recycled 3 Times (21 days)
224	020	Invalid Birth Date
232	518	Procedure/Type of Service Not Covered by Program
234	519	Procedure Formulary Age Restriction
272	086	Claim Exceeds 1 Year Filing Limit
276	075	High Variance Error
277	080	Low Variance Error
286	036	Referral Missing and Required for Developmental
293 295 216	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
293 222	091	Recipient Ineligible on One or More Service Dates, Recycled Recipient Ineligible on Date of Service NOTE: Denies after 21 days
294 215 223	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
294 223	090	Recycled Recipient Not on File, Recycled Recipient Not on File Recycled 3 Times (21 days)
295 293 216	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
302	037	Referral Missing and Required for Abuse/Neglect



## MMIS (new) to CC/KM (old) Edit Cross-Walk

11/17/2008

New Edit #	Old (CC/KM) Edit #	New Edit # Description
308	038	Referral Missing and Required for Psychological/Social
312	039	Referral Missing and Required for Speech/Language
314	043	Suspected condition Missing and Required for Referral #1
318	044	Suspected condition Missing and Required for Referral #2
319	045	Suspected condition Missing and Required for Referral #3
320	046	Referral Assistance Missing and Required for Referral #1
323	047	Referral Assistance Missing and Required for Referral #2
324	048	Referral Assistance Missing and Required for Referral #3
326	049	Appointment Date Missing and Required for Referral #1
343	050	Appointment Date Missing and Required for Referral #2
359	051	Appointment Date Missing and Required for Referral #3
368	055	Reason for Referral Missing and Required for Referral #1
399	056	Reason for Referral Missing and Required for Referral #2
410	057	Reason for Referral Missing and Required for Referral #3
411	058	Referred to Name is Missing and Required for Referral #1
412	059	Referred to Name is Missing and Required for Referral #2
414	060	Referred to Name is Missing and Required for Referral #3
416	064	Referred to Phone is Missing/Required for Referral #1
417	065	Referred to Phone is Missing/Required for Referral #2
418	066	Referred to Phone is Missing/Required for Referral #3
424	068	Billing Provider is not the Designated Provider of Record
435	069	Claim Exception for 60 Day Timely Filing
440	071	Provider Site not Allowed to Bill Screen Type on Date of Service
631	084	EPSDT Age Over Age 21
844	300	Duplicate Error: Identical EPSDT Claims
980	001	Invalid Adj Reason